



RHP 6: COORDINATED COMMUNITY INTEGRATED CARE RESPONSE FOR SUPER-UTILIZING CONSUMERS

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PRIMARY CHALLENGES TO SUSTAINABILITY FOR INTEGRATED CARE WITH SUPER UTILIZERS

- Many of the significant interventions that contribute to the success of persons served are currently non-billable; and for those that are, FFS rates not sustainable with high acuity/intensity needs population
- Benefits eligibility – Barriers to obtaining Medicaid insurance for persons served
- Credentialing issues for primary care physicians in a BH setting
- System integration between primary care and behavioral health EMRs



SOME SERVICES WITH PROVEN IMPACT NOT CONSISTENTLY BILLABLE

- Engagement: Appointment reminders and follow-up; transport to appointments if needed to ensure compliance
- Treatment team coordination and consultation
- Comprehensive individualized care planning
- Peer support services (engagement; individual and group interventions)
- Consultation with or provision of primary care services; linkage with specialty or primary care
- On call HU team member – coordinates team response for current consumers and provides screening for new referrals
- Pre-discharge meeting in hospital and interception and engagement at ED
- Discharge planning with hospital treatment team; Review and update HU Community Treatment Plan



EFFORTS UNDERWAY TO DEVELOP SUSTAINABILITY

- Active engagement of MCOs to partner to develop value based purchasing agreements and specialty services contracts.
- Value Added Service Products – Developing specialty services products that reflect continuum of care and related outcomes for purchasing agreements and specialty contracts.
- Investment in data evaluation and development of systems for monitoring key performance measures. Producing annual evaluation reports.

